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Substitute for Form PTO-875

Application or Docket Number

10/696, 721

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 *	*	X \$ _____ *	
INDEPENDENT CLAIMS (37 CFR 1.16(u))	minus 3 *	*	X \$ _____ *	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	\$ _____ *
TOTAL				

* If the difference in column 1 is less than zero, enter "0" in column 2

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	2/3/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (1) CFR 1.16(d)	19	Minus	21	/	
	Independent (3) CFR 1.16(d)	3	Minus	3		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d)					
SOURCE ENTITY						
RATE		ADDITIONAL FEE				
x \$ 25				/		
x \$ 100						
x \$						
TOTAL ADD'L FEE						
OR						
SMALL ENTITY						
RATE		ADDITIONAL FEE				
x \$ 50				/		
x \$ 200						
x \$						
TOTAL ADD'L FEE						
OR						

A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

(Column 1)

(Column 2)

(Column 3)

RA 1 E

ADD:

RA18

ADDI

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (3 rd CER + 100%)	*	Minus	**	?	A \$ _____ ?		CN:	A \$ _____ ?	
	Independent (3 rd CER + 100%)	*	Minus	***	?	B \$ _____ ?		CN:	B \$ _____ ?	
	FIRST REPRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 rd CER + 100%)					C \$ _____ ?		CN:	C \$ _____ ?	
						D \$ _____ ?		CN:	D \$ _____ ?	
						TOTAL ADD'L FEE		CN:	TOTAL ADD'L FEE	

A FIRST PRESENTATION OF MULTIPLE DEPENDENT QAM (IN CER 1402)

(Continued)

(Column 2)

[C o n t i n u e]

R41f

ADDI

RAIC

ADDi

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	FIRST PRESCRIPTION	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Dependent (37 CFR 1.101)	Minus	***	1	\$ _____		OR	\$ _____
	Independent (37 CFR 1.101)	Minus	***	2	\$ _____		OR	\$ _____
	FIRST PRESCRIPTION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101(d))				\$ _____		OR	\$ _____
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Rent or Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** if the Highest Number of Answers Paid for is 100, SPACE is less than 1, color: "B",

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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